# **BIRTH CONTROL OPTIONS**

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# **Types of Birth Control**

- Periodic Abstinence
- Barrier Methods
- Abortion
- Permanent Sterilization
- IUD
- Long Acting Steroid Methods
- Oral Contraceptives

# Failure Rates During First Year of Use, United States, 1990 Data

- No Method 50%
- Abstinence 20%
- Diaphram 18%
- Male Condom 12%
- ◆ IUD 1-3%
- Permanent sterilization 1%
- Steroids: Implants and Injectables <1%</li>
- Steroids: Oral 1%

# INTRAUTERINE DEVICES

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- High efficacy
- No systemic side effects
- Excellent safety profile
- Long duration of efficacy
- Single motivational act
- Not related to coitus

#### INTRAUTERINE DEVICES

- Can use in patients with Br Ca, Venous thromboembolism, Arterial vascular dz, Active liver dz, Smokers > 35
- Not contraindicated if DM, Valvular heart dz, Treated Cx Dysplasia, Breast-feeding, Age<25, Irregular menses from anovulation

# **Types of Intrauterine Devices**

Paragard Copper T 380A

Progestasert

# **Mechanism of Action of IUD**

PARAGUARD COPPER T380A

- SPERMICIDAL
- 10 year duration
  - ◆ COST \$320.00

## **Mechanism of Action of IUD**

PROGESTASERT
Progesterone-Releasing

- Tubal motility decreased, thicken cervical mucous
- 1 year duration
- ◆ COST \$125

# Recommended Patient Profile for IUD Placement

- Stable, Mutually Monogamous Relationship
- No history of PID, low risk STD
- Has at least one child
- Normal recent cervical cultures and recent pap smear
- Normal uterine anatomy
- No ongoing infection or aub of unknown etiology or malignancy

### Procedure for Insertion

- Consent Patient
- Perform Hx and PE, appropriate tests (recent pap/cx cultures)
- Sound uterus
- Sterile technique
- Insert IUD
- Remove Plunger and introducer catheter; Cut String
- Set up follow up

# Side Effects and Complications of IUD

- Irregular Bleeding
- Cramping
- Migration and Perforation
- Scarring, infection, infertility
- Expulsion

# **Expulsions**

- Frequency 5%
- Most occur in first year of use
- Skilled clinician with good insertion techniques minimizes the risk
- One third of expulsions are not noticed by patient; check string after ending menses

# **Partial Expulsion**

- Patient may note uterine cramping
- Tail may appear longer
- Patient or partner may notice part of device protruding through the cervix
- IUD should be removed
- If no infection or pregnancy, a new IUD can be inserted

# **Long-Acting Steroid Methods**

- 6 Silastic capsules, each 34mm long with levonorgestrel inserted subdermally under local anesthesia
- Works by suppressing LH so ovulation doesn't occur, thickens cervical mucus, thins lining of the endometrial cavity
- About 80ug levonorgestrel per 24h in first 6-12 months, then 30-35ug. After 5 years, 25ug...too low...increased pregnancy rates

- Advantages: safe, effective (use effectiveness equals theoretical effectiveness), can be used by women with contraindications for estrogen-containing OCPs
- Disadvantages: bleeding, insertion and removal require minor surgical procedure, cost, no STD protection

- Indications: desires long-term effective BC that can be reversed, chronic illness with pregnancy a health threat...
- Contraindications: ACUTE liver disease, ACTIVE thrombophlebitis or throbomembolic disease, Breast Ca, Undiagnosed bleeding, liver tumors

- Side effects include weight gain, mastalgia, galactorrhea, acne, ovarian cysts, surgical complications, migration of capsule(s)
- Most women return to normal ovulatory cycles during the first month after removal

# Long-Acting Steroid: Depoproveral

- Depot intramusclar administration of medroxyprogesterone acetate
- 150mg IM every three months, effective level is maintained for four months, providing safety margin
- Mechanism completely blocks LH surge, therefore about 100% anovulatory cycles, thickens cervical mucus, thins endometrial lining

# Long-Acting Steroid: Depoprovera

- Side effects include weight gain, breast tenderness, irregular menstral bleeding and depression; associated with increased incidence of endocervical dysplasia, pap smear needed
- Serious weight gain and depression (less than 5% incidence) are not relieved until the drug clears the body in about 6-8 months
- Stabilizes RBC, good form of BC for sickle cell anemia patients

- Types of Pills: Combination, Phasic, Progestin Only
- Components of Pills: Estrogen is Ethinyl Estradiol, Progestins vary by degree of androgenicity
- Mechanism of Action: Inhibit FSH and LH, both hypothalamic and pituitary actions; thickens cervical mucus, thins endometrial lining

- There are many noncontraceptive benefits
- Absolute Contraindications: thromboembolic disorder, CVA, Liver fnct abnl, Breast CA, undx Abnl menstrual bleeding, pregnancy, smoker over age 35
- Relative Contraindications are few

- Estrogen side effects include nausea, increase breast size, fluid retention, rise in cholesterol, fibroid growth, potential dvt...
- Progestin side effects include breast tenderness, headache, depression, acne, appetite increase, libido effects, hirsutism

- Compliance is partly under the prescriber's control....educate patient well
- 3 month trial is the goal before switching types
- Common problems include breakthrough bleeding, amenorrhea, weight gain, headaches, interference of efficacy by some drugs

### Common Problems with OC Birth Control

- Breakthrough bleeding
- Nausea, breast tenderness
- Androgenic side effects like acne, hirsutism, oily skin, weight gain
- Missed Pills